

**Department of Rehabilitative Services
Personal Assistance Services Program
Signatory Authority Form**

The Personal Assistance Services Program (PAS) managed by the Department of Rehabilitative Services (DRS) is consumer-directed in nature. As a result, eligible consumers must provide their original signature on all PAS forms including, but not limited to, Personal Assistant Service Agreements, Consumer Notification forms, and time sheets.

Effective November 1, 2000, consumers will be required to provide written documentation of signatory authority for any person other than the consumer to sign Personal Assistant Service Agreements, Consumer Notification forms, and time sheets. Written documentation must be witnessed by someone other than the consumer and the designated signatory. Additionally, the consumer must be able to demonstrate or provide documentation from an OT, PT, Physician, or local Center for Independent Living staff member of the inability to sign PAS forms.

Time sheets or other documentation requiring the consumer's signature that do not have an original signature from the consumer or the approved signatory will not be processed. Exception to this policy must be approved expressly by the Manager of the PAS Program.

I have read and understand the information outlined above as it relates to my receipt of Personal Assistance Services through DRS. I understand that I must give permission for anyone other than myself to sign any forms related to my services through PAS.

I authorize _____ or _____ to sign on my behalf, the Personal Assistant Service Agreement, Consumer Notification form, timesheets, or other PAS documents that require my signature.

Signatures below will be used to verify signatures on timesheets.

1. Consumer Signature or Mark _____

Print name _____

2. Authorized Signatory _____

Print name _____

3. Backup authorized Signatory _____

Print name _____

4. Witness _____

Print name _____

Date _____

Documentation of inability to provide signature/mark attached _____